



University of Maine
DOCUMENTATION OF ORAL WARNING

Form to be completed following any fact finding/due process hearing and completion of any related investigation. Supporting information requested below may be attached to this form.

Employee Name _____ Department _____ Title _____

Incident Information:

Date/Time of Incident: _____ Location: _____

Description of Incident (Cite specific job related behaviors, outcomes, and/or policy violations):

Investigation of Incident (Witnesses, discussion with employee, fact finding/due process hearing):

Employee requested/did not request union representation (please circle one)

Summary of previous related discussions (references to performance evaluation, counseling memos and/or disciplinary actions):

Future expectations for employee's job performance (if summarized in a separate memo, please attach):

Future incidents may result in further disciplinary action, up to and including termination of employment at the University of Maine.

My signature confirms that I have been provided with a copy of this form. I understand that this form will be placed in my personnel file.

Employee Date Supervisor Date

Copy to be provided to employee, personnel file*, applicable collective bargaining agent and Human Resources

*PATFA, COLT, S&M located in Corbett Hall; Police in Public Safety; AFUM, UMPSA, non-represented employees in employing department.